

GIO Workers Compensation – Australian Capital Territory

Employee's claim form

Employer's policy number:

Complete all questions fully and accurately, to ensure accurate decisions can be made about your claim.

1. To (full name of employer)

Whilst in your employ I sustained the injury described below and I elect to claim under the provisions of the ACT Workers' Compensation Act 1951 No. 2 as amended.

Notes to the injured worker

1. You are required to tell your employer that you have received a workplace injury **as soon as possible** after being injured.
2. This claim form should then be completed and given immediately to your employer.
3. Complete all questions fully and accurately – errors and omissions may delay processing of your claim.
4. You are required to nominate a **'treating medical practitioner'**.
5. You are required to submit an **ACT WorkCover compliant medical certificate with your claim**.
6. The Workers' Compensation Act 1951 No. 2 emphasises workplace-based injury management, rehabilitation and return-to-work as quickly and as safely as possible. You are required to seek the cooperation of your treating medical practitioner in participating with GIO and your employer in developing your Personal Injury Plan for all significant injuries and in returning to some useful employment role as soon as possible.
7. **You must complete the Declaration in Part 7 and also The Release of Information Authority in Part 8 of this form.**

2. About the worker

Family name

Given name(s)

Sex Male Female

Date of birth

 / /

Country of birth

Residential address

State

Postcode

Phone no.

 ()

Fax

 ()

Email

Language spoken at home

Interpreter required?

Yes No

Your occupation

Commenced employment

 / /

Employment with this employer:

Full time Part time Permanent Casual



3. About your employer

Employer

Employer postal address

	State	Postcode

Phone no

Fax

Email

Other **current** employment:

Do you have a second job with another employer?

Yes No

Name of second employer

Contact name

Phone no.

What is your average weekly earnings from this job?

What are the average weekly hours in this job?

Previous employment (for last 5 years, most recent first):

1. Employer	Date from	Date to	Position held
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text"/>
2. Employer	Date from	Date to	Position held
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text"/>
3. Employer	Date from	Date to	Position held
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text"/>
4. Employer	Date from	Date to	Position held
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text"/>
5. Employer	Date from	Date to	Position held
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text" value="/ /"/>	<input type="text"/>

4.1 The injury

What happened? How did the accident occur? Where were you? What were you doing at the time?

Name and address of any witness:

1. Surname	Given name(s)	Phone no.
<input type="text"/>	<input type="text"/>	<input type="text" value="()"/>

Residential address

	State	Postcode

2. Surname Given name(s) Phone no. ()

Residential address
 State Postcode

4.2 Injury details

- During a break at work Vehicle accident while working Away from work during a recess
 Journey to or from work and home At work Other e.g

Date of injury / / Time of injury am/pm

Date notice given / / Time notice given am/pm

To whom was the accident reported?

If stopped work due to the injury Date stopped / / Time stopped am/pm

Have you returned to work? Yes No If "Yes", date returned / / Time am/pm

Place where injury occurred (e.g machine shop, civic store, etc)

What injury did you suffer? (e.g fracture/sprain/burn, etc)

Parts of body effected (e.g left upper arm, right ankle, etc)

Was the part normal before the event? Yes No

If "No", give details

Name of hospital if treated at a hospital

Treating doctor's name at hospital

Your nominated treating doctor's name

Practice address
 State Postcode

Phone no () Fax () Email

ACT WorkCover complaint medical certificate attached Yes No

4.3 Other similar injuries

Have you previously suffered any similar related injuries or conditions?

Yes No

If "Yes", give details and include the dates and name/s of any **previous employer, insurer and/or claim reference No:**

5. Traffic accident details

ONLY complete this Part 5 if you were involved in a 'Journey' to or from work, or a work related journey.

Complete only if the injury occurred away from your employer's premises or while you were on a journey to or from work.

Were you a Pedestrian Driver Passenger Other

Where were you travelling from?

--

Where were you travelling to?

--

Date of accident

Time you left am/pm

Were you travelling To work From work For work Other

e.g.

If travelling to or from your place of work, had you followed your usual route

Yes No

If "No", why did you divert from your normal route?

Was your journey broken for **any reason?**

Yes No

If "Yes", what was the "break" in your journey?

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Give details of owners of any vehicles/conveyances involved (names, registration numbers, etc):

1. Surname	Given name(s)	Registration number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address

<input type="text"/>
State Postcode

2. Surname	Given name(s)	Registration number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address

<input type="text"/>
State Postcode

Which police station did you report it to?

Date of police report

<input type="text"/>	<input type="text" value="/ /"/>
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Name of police officer	Number
<input type="text"/>	<input type="text"/>

Has a compulsory third party claim been made? Yes No

Name of insurer

What happened? (What were the circumstances of the accident, as known to you? How did it occur?):

Name and address of any witness:

1. Surname	Given name(s)	Phone no.
<input type="text"/>	<input type="text"/>	()

Residential address

State	Postcode
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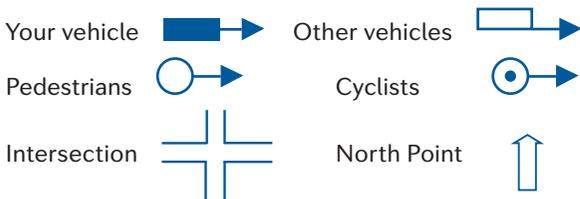
2. Surname	Given name(s)	Phone no.
<input type="text"/>	<input type="text"/>	()

Residential address

State	Postcode
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In your opinion, who was responsible or the accident, and why?

Using the symbols below, draw a diagram of the accident scene showing the position of all vehicles and directional arrows.



6. Privacy statement

AAI Limited trading as GIO is a member of the Suncorp Group, which we'll refer to simply as "the Group".

Why do we collect personal information?

Personal information is information or an opinion about an identified individual or an individual who is reasonably identifiable. We collect personal information so that we can:

- ▶ identify you and conduct appropriate checks;
- ▶ administer and manage our products and services and systems, including the management and administration of underwriting and claims, recoveries and settlements;
- ▶ assess and investigate any claims made by our customers under their policies;
- ▶ assess and investigate any claims made by you against one of our customers;
- ▶ seek recovery from you due to any claim we or our customers may have against you;

- ▶ manage, train and develop our employees and representatives;
- ▶ manage complaints and disputes, and report to dispute resolution bodies; and
- ▶ get a better understanding of you, your needs, your behaviours and how you interact with us, so we can engage in product and service research, development and business strategy including managing the delivery of our services and products via the ways we communicate with you.

What happens if you don't give us your personal information?

If we ask for your personal information and you don't give it to us, we may not:

- ▶ be able to assess, investigate or manage the claim; or
- ▶ provide you and/or our customers with any or all entitlements under the policy

How we handle your personal information

We collect your personal information directly from you and, in some cases, from other people or organisations. We also provide your personal information to other related companies in the Group, and they may disclose or use your personal information for the purposes described in 'Why do we collect personal information?' in relation to products and services they may provide. They may also use your personal information to help them provide products and services to other customers, but they'll never disclose your personal information to another customer without your consent.

Under various laws we will be (or may be) authorised or required to collect your personal information. These laws include the Anti-Money Laundering and Counter-Terrorism Financing Act 2006, Personal Property Securities Act 2009, Corporations Act 2001, Autonomous Sanctions Act 2011, Workers Rehabilitation and Compensation Act 1988(TAS), Workers Compensation and Injury Management Act 1981(WA), Workers Rehabilitation and Compensation Act(NT), Workers Compensation Act 1951(ACT), Income Tax Assessment Act 1997, Income Tax Assessment Act 1936, Income Tax Regulations 1936, Tax Administration Act 1953, Tax Administration Regulations 1976, A New Tax System (Goods and Services Tax) Act 1999 and the Australian Securities and Investments Commission Act 2001, as those laws are amended and includes any associated regulations.

We will use and disclose your personal information for the purposes we collected it as well as purposes that are related, where you would reasonably expect us to. We may disclose your personal information to and/or collect your personal information from:

- ▶ the insured, policy or product holder;
- ▶ other companies within the Group and other trading divisions or departments within the same company (please see our Group Privacy Policy for a list of brands/companies);
- ▶ any of our Group joint ventures where authorised or required;
- ▶ customer, product, business or strategic research and development organisations;
- ▶ data warehouse, strategic learning organisations, data partners, analytic consultants;
- ▶ publicly available sources of information;
- ▶ a third party that we've contracted to provide financial services, financial products or administrative services – for example:
 - ▶ information technology providers,
 - ▶ administration or business management services, consultancy firms, auditors and business management consultants,
 - ▶ marketing agencies and other marketing service providers,
 - ▶ claims management service providers,
 - ▶ print/mail/digital service providers, and
 - ▶ imaging and document management services;
- ▶ any intermediaries, including your agent, adviser, a broker, representative or person acting on your behalf, other Australian Financial Services Licensee or our authorised representatives, advisers and our agents;
- ▶ accounting or finance professionals and advisers;
- ▶ government, statutory or regulatory bodies and enforcement bodies;
- ▶ the Financial Ombudsman Service or any other external dispute resolution body;
- ▶ credit reporting agencies;
- ▶ other insurers, reinsurers, insurance investigators and claims or insurance reference services, loss assessors, financiers;
- ▶ legal and any other professional advisers or consultants;
- ▶ hospitals and, medical, health or wellbeing professionals;
- ▶ debt collection agencies;
- ▶ any other organisation or person, where you've asked them to provide your personal information to us or asked us to obtain personal information from them, e.g. your mother.

We'll use a variety of methods to collect your personal information from, and disclose your personal information to, these persons or organisations, including written forms, telephone calls and via electronic delivery. We may collect and disclose your personal information to these persons and organisations during the information life cycle, regularly, or on an ad hoc basis, depending on the purpose of collection.

Overseas disclosure

Sometimes, we need to provide your personal information to – or get personal information about you from – persons or organisations located overseas, for the same purposes as in 'Why do we collect personal information?'

The complete list of countries is contained in our Group Privacy Policy, which can be accessed at www.gio.com.au/privacy, or you can call us for a copy.

From time to time, we may need to disclose your personal information to, and collect your personal information from, other countries not on this list. Nevertheless, we will always disclose and collect your personal information in accordance with privacy laws.

How to access and correct your personal information or make a complaint

You have the right to access and correct your personal information held by us and you can find information about how to do this in the Suncorp Group Privacy Policy.

The Policy also includes information about how you can complain about a breach of the Australian Privacy Principles and how we'll deal with such a complaint. You can get a copy of the Suncorp Group Privacy Policy. Please use the contact details in **Contact Us**.

Contact us

For more information about our privacy practices including accessing or correcting your personal information, making a complaint, or obtaining a list of overseas countries you can:

- ▶ Visit www.gio.com.au/privacy.
- ▶ Speak to us directly by phoning one of our Sales & Service Consultants on: 13 10 10 or
- ▶ Email us at workerscompcomplaints@gio.com.au

7. Declaration

(It is an offence under the ACT Workers' Compensation Act to make false and misleading statements.)

I, declare the truth of the statements made in this claim and understand that while I am in receipt of weekly payments of compensation I am obliged to immediately notify GIO of my commencing employment with some other person; or; my commencing my own business; if I commence any voluntary or unpaid work; or; any change in my employment that effects my earning. I am aware that it is an offence to fail to do so. By signing this form, I agree to GIO collecting, using and disclosing my personal information, including sensitive and health information if applicable, in accordance with the Privacy statement included in this document and the Suncorp Metway Privacy Policy.

Signature of injured worker

Date

Witness signature

Date

8. Release of information authority

I, authorise any medical practitioner or other authority to provide GIO with any and all information regarding my medical and/or factual history in respect to my injury on . A photocopy of this authority shall be as valid as the original. I also consent to the disclosure of any medical and/or factual information in respect of this injury to such person or persons considered by GIO as appropriate in connection with this claim.

Signature of injured worker

Date

Witness signature

Date

9. To be completed by employer

Signature of employer

Date

Date claim received from injured worker

How to return this form

- ▶ Email: wclclaimsact@gio.com.au
- ▶ Fax: 1300 725 840
- ▶ Post: ACT Claims, PO Box 47,
Woden ACT 2606

How to contact us

- ▶ Phone: **13 10 10**
- ▶ Web: gio.com.au

Who we are

This insurance is issued by AAI Limited
ABN 48 005 297 807 trading as GIO.